

**State of Vermont
Department of Labor
Workers' Compensation Division
5 Green Mountain Drive
PO Box 488
Montpelier, VT 05601-0488
(802) 828-2286**

Medical Authorization

Note: The release of medical records relative to a workers' compensation claim filed pursuant to Title 21 of the Vermont Statutes is not governed by the terms and provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CFR 164.512(1).

To Health Care Providers:

This, or a photocopy, will authorize you to release to the State of Vermont BGS Office of Workers' Compensation all medical records you may have relating to the treatment or diagnosis of my injury which occurred on or about ____/____/____ including history, findings, x-rays, bills, statements, diagnosis, lab reports, and all other medical or hospital records in your possession including, but not limited to, records of treatment rendered by you or your facility as well as any medical records in your possession upon which you relied in any way in your treatment and/or diagnosis of my condition.

Name: _____

Insurance Claim Number: _____

Date of Birth: ____/____/____

Date

Signature

Medical Case Manager: _____

Please send records to: BGS Office of Workers' Compensation
128 State Street, Montpelier, VT 05633-3801
or Fax #: (802) 828-0410